

Capacity/Title:

(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

03 OCT 17 PM 2: 07 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersign business is:  HYTICHICA  TO BE THE STATE OF TH	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  Lorin Leora Atward  Ku   3. The general type of business transacted under the	Complete Address 13 W Sacramento St na 10 83634
Retail Trade Transportation and Positive Construction Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future	
Correspondence should be addressed:  Korin Leora Atwood  1443 W Sacramento St  Kuna 1 D 836 34	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional):
Signature: Korin Atwood ge	IDAHO SECRETARY OF STATE

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CK: 1465 CT: 158010 BH: 707095 1 9 25.00 = 25.00 ASSUM NAME # 2

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